

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

10/

SERIAL NO.

APPLICANT(S)

FILING DATE

1 502

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		2				
6		2				
7		2				
8		2				
9		1				
10		2				
11		2				
12		1				
13		1				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		0				
23		3				
24		3				
25	1					
26		1				
27		1				
28		1				
29		1				
30		2				
31		2				
32		2				
33		2				
34		1				
35		1				
36		1				
37		1				
38						
39	1					
40		1				
41		1				
42		1				
43	1					
44		2				
45		2				
46		2				
47		2				
48		4				
49		4				
50		4				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		4				
52		4				
53		1				
54		1				
55		1				
56		1				
57		4				
58		4				
59		1				
60		2				
61		2				
62		2				
63		2				
64		2				
65		2				
66		2				
67		2				
68		2				
69		2				
70						
71			1	1		
72				1		
73				1		
74				1		
75				1		
76				1		
77				1		
78				1		
79				1		
80				1		
81				1		
82				1		
83				1		
84				1		
85				1		
86				1		
87				1		
88				1		
89				1		
90			1			
91				1		
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FO... WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101538054
(APPLICANT(S))

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
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146						
147						
148						
149						
150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
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194						
195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						